

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Floridians for a Strong Middle Class	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00577049 </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee AKPD Message and Media			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 27 / 2016</div> </div>	
Mailing Address 1140 Connecticut Ave NW Ste 800			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">6779.38</div>	
City Washington State DC Zip Code 20036-4010	Transaction ID : VQZ71AB1HN1 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 27 / 2016</div> </div>			
Purpose of Expenditure Advertising Production	Category/Type	Name of Federal Candidate Murphy, Patrick, E, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">195046.63</div>		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: FL Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee AKPD Message and Media			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 27 / 2016</div> </div>	
Mailing Address 1140 Connecticut Ave NW Ste 800			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3981.54</div>	
City Washington State DC Zip Code 20036-4010	Transaction ID : VQZ71AB1HP9 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 27 / 2016</div> </div>			
Purpose of Expenditure Advertising Production	Category/Type	Name of Federal Candidate Rubio, Marco, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">195046.63</div>		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: FL Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">10760.92</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

May, Jennifer, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 28 / 2016

Signature